

FILED DEC 29 1944

Registration District No. 318

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 hrs. 15 mins.
In this community 8 weeks 0
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Alonzo Graham

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Cassie Graham 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Oct 22 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 1 23 hr. min.

9. Birthplace New Albany Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation N.I.

11. Industry or business

12. Name Lewis Graham

13. Birthplace Unknown ?
(City, town, or county) (State or foreign country)

14. Maiden name Ellen

15. Birthplace Unknown ?
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Graham

(b) Address 3048 Thomas St

17. (a) Removal (b) Date thereof 12-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Albany Miss.

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) DEC 18 1944 (b) J. B. Redick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3048 Thomas
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15,
year 1944 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from December 14, 1944, to December 15, 1944
that I last saw him alive on December 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia (terminal)

Due to Chr. Nephritis Duration Undet.

Due to

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. B. Christian (M. D. or other)

Address Barre, Vt. Date signed 12/18/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, only

, Registered Apprentice No. _____

working under my personal supervision.

Signed

Gulston E. Culkin

Licensed Embalmer No. 4198

P. O. Address. 1215 James St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.